

PLEASE READ THE FOLLOWING
IMPORTANT INFORMATION FOR ACCEPTANCE OF THIS APPLICATION:

Any modification to this form from its original download format will void any and all submittals. Application will not be accepted via e-mail or fax. Applicants must submit applications to the Human Resources Department with original signature.

POSITION APPLYING FOR: _____

The information requested on this portion of the form is voluntary, and will assist the City of Lodi in evaluating its recruitment program and in accurately compiling required statistical reports for federal and state agencies. This form will be confidential. None of the information will be used to discriminate against or give preference to any individual in any personnel transaction.

PLEASE CHECK SEX AND ETHNIC ORIGIN BELOW:

MALE					FEMALE				
NON-HISPANIC ORIGIN			ASIAN OR PACIFIC ISLANDER E	AMERICAN INDIAN OR ALASKAN NATIVE F	NON-HISPANIC ORIGIN			ASIAN OR PACIFIC ISLANDER J	AMERICAN INDIAN OR ALASKAN NATIVE K
WHITE B	BLACK C				HISPANIC D	WHITE G			

PLEASE COMPLETE THE FOLLOWING:

How did you find out about this job? (Check one or more)

1. ☐ A newspaper or magazine advertisement

(Specify which) _____

2. ☐ A job announcement posted at

(Specify where) _____

3. ☐ A notification card filed with the Personnel Department

4. ☐ Other: If you learned of this job opening through some other source please indicate here: _____

AN EQUAL OPPORTUNITY EMPLOYER

City of Lodi - Personnel Dept.
221 W. Pine St.
Lodi, Calif. 95240
Personnel: (209) 333-6704
T.D.D. (209) 333-6853

CITY OF LODI

APPLICATION FOR EMPLOYMENT

Mail to: CITY OF LODI
Personnel Department
P.O. Box 3006
Lodi, Calif. 95241

Federal and State law prohibit discrimination to employment because of sex, race, age, marital status, national origin, ancestry, and under certain circumstances, the disabled.

ANSWER ALL APPLICABLE QUESTIONS – USE INK OR TYPEWRITER

Instructions: fill out this application completely and accurately. All statements in your application become part of your personnel record. If you need additional space, please attach extra sheets.

PERSONNEL DEPT. USE ONLY

Date Filed _____
Rejected By _____ Accepted By _____
1. ☐ EDUCATION 3. ☐ LATE FILING
2. ☐ EXPERIENCE 4. ☐ PHY. EXAM
5. ☐ Other: _____

POSITION APPLYING

FOR: (State exact title) _____

(Print)
Name _____
Last First Middle Social Security Number

Address _____
Number Street Apt. # City State Zip Code

HOME PHONE _____ BUSINESS _____
(Area Code) (Area Code)
Typing W.P.M. _____
Shorthand W.P.M. _____

For Positions Requiring Driving:

Do you possess a current, valid California Driver's License? Yes ☐ No ☐

Are you over 18 years of age? Yes ☐ No ☐

If you are under 18 can you submit a
Work Permit if hired? Yes ☐ No ☐

DRIVER'S LICENSE NO. _____
State Number Class Exp. Date

If you are not a U.S. Citizen, have you the legal right to remain permanently in the United States? Yes ☐ No ☐

Have you ever been employed by the City of Lodi? Yes ☐ No ☐

If yes, state name of department, and employment dates. Dept: _____ From: _____ To: _____

Do you have any relatives presently working for the City of Lodi? Yes ☐ No ☐ If yes, state name and relationship. (Resolution 91-78 prohibits employment of relatives of certain city officials.)

Name _____ Dept. Employed By: _____ Relationship: _____

Who should be notified in case of emergency? Name _____ Phone _____

As an adult, have you ever been convicted of a misdemeanor or felony, or been on parole or probation? Yes ☐ No ☐ If yes, you must list all convictions since your 18th birthday on an attached sheet. Include offense, date, and place of conviction. A "yes" answer will not automatically disqualify you from appointment; however, failure to disclose misdemeanor or felony convictions will result in termination or denial of employment. All applicants prior to employment must be fingerprinted and cleared through the California Department of Justice in accordance with the City of Lodi resolution 2001-201

Veterans Preference: Are you a Veteran? Yes ☐ No ☐ If yes, please attach a copy of form DD214 to this application to become eligible. Please read the back of the job bulletin for further information on the City's policy.

EDUCATION AND TRAINING

Check appropriate box if you possess one of the following:

☐ High School Diploma ☐ G.E.D. Certificate ☐ California High School Proficiency Certificate

High School College or University Graduate School
Circle Highest Year Completed: 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2

NAME OF HIGH SCHOOL LAST ATTENDED

LOCATION

Name and location of colleges/ universities attended	From: Mo. / Yr.	To: Mo. / Yr.	Course of Study / Major	Units Completed		Type Degree	Yr. Degree Completed
				Semester	Quarter		
A)							
B)							
C)							
Professional License, Certificate or Other Credential If Required for This Position	Description	Number	By Whom Issued	Expiration Date			

EMPLOYMENT HISTORY**Resumes will not be accepted in place of a completed application.**

You should respond completely to this section and list all employment for the last ten years. LIST YOUR MOST RECENT EMPLOYMENT FIRST. Describe different positions held with the same employer in different blocks, showing dates etc. List all experience, paid and voluntary, related to the position for which you are applying. **Additional sheets should be attached** to this application when necessary to fully describe related experience, training and education.

1	From: _____ / _____ Mo. Yr.	Total _____ / _____ Yrs. Mos.	Final Salary \$ _____	Title of Your Present or Most Recent Position:
	To: _____ / _____ Mo. Yr.	Hrs. Worked Per Week: _____	Per _____	Name and Title of Supervisor / Phone No.:
Present or Most Recent Employer:		Describe Your Duties:		
Address:				
City & State:				
Type of Business:		Reason for Leaving:		
2	From: _____ / _____ Mo. Yr.	Total _____ / _____ Yrs. Mos.	Final Salary \$ _____	Title of Your Present or Most Recent Position:
	To: _____ / _____ Mo. Yr.	Hrs. Worked Per Week: _____	Per _____	Name and Title of Supervisor / Phone No.:
Employer:		Describe Your Duties:		
Address:				
City & State:				
Type of Business:		Reason for Leaving:		
3	From: _____ / _____ Mo. Yr.	Total _____ / _____ Yrs. Mos.	Final Salary \$ _____	Title of Your Present or Most Recent Position:
	To: _____ / _____ Mo. Yr.	Hrs. Worked Per Week: _____	Per _____	Name and Title of Supervisor / Phone No.:
Employer:		Describe Your Duties:		
Address:				
City & State:				
Type of Business:		Reason for Leaving:		
4	From: _____ / _____ Mo. Yr.	Total _____ / _____ Yrs. Mos.	Final Salary \$ _____	Title of Your Present or Most Recent Position:
	To: _____ / _____ Mo. Yr.	Hrs. Worked Per Week: _____	Per _____	Name and Title of Supervisor / Phone No.:
Employer:		Describe Your Duties:		
Address:				
City & State:				
Type of Business:		Reason for Leaving:		

I authorize the employers and educational institutions identified in this employment application to release any information they have concerning my employment or education, to the City of Lodi. Yes ☐ No ☐ If not, indicate by (1, 2, 3, 4 ...) which one(s) you do not wish us to contact. _____ May we contact your present employer? Yes ☐ No ☐

COMMENTS: Add any comment you believe relevant to this application.

I Certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand and agree misstatements / omissions of material fact will cause forfeiture of my rights to employment.

